

Application for a New North Carolina Sleep Products Sanitizer's License

Public Health Pest Management Section, Sleep Products Program

North Carolina Department of Environment and Natural Resources, Division of Environmental Health

Company Name		Registration Number
Street Address (Box Number, Street Address, Rural Route, or Other)		
City, State, Zip (City, Town or Post Office, State and Zip Code)		
Plant Location		County
Contact Person (Name and Title)		
Telephone Number	Fax Number	E-mail Address

To determine the estimated fee for the remainder of this calendar year, select the quarter that you began sanitizing sleep products in North Carolina. If you are applying for the purpose of beginning production or sales upon receipt of your license, select the quarter the application is being submitted. (Make only one choice)

1 st Quarter	January through March	\$720.00 _____
2 nd Quarter	April through June	\$540.00 _____
3 rd Quarter	July through September	\$360.00 _____
4 th Quarter	October through December	\$180.00 _____

This is to certify that I have examined this application and have determined that the information contained therein is correct:

Signed: _____ Date: _____
Chief Financial Officer

Name Printed: _____ Federal Tax ID Number/EIN: _____
(required)

Make checks payable to: PUBLIC HEALTH PEST MANAGEMENT

Mail check, application and sample law label to: PUBLIC HEALTH PEST MANAGEMENT
1631 MAIL SERVICE CENTER
RALEIGH NC 27699-1631

FOR OVERNIGHT DELIVERIES MAIL TO: PUBLIC HEALTH PEST MANAGEMENT
ROOM 206, 3825 Barrett Drive
RALEIGH NC 27609

PLEASE BE ADVISED THAT A SERVICE CHARGE OF \$25.00 WILL BE CHARGED ON ALL RETURNED CHECKS.

For more information, please contact: Public Health Pest Management Section
Sleep Products Program
Phone: 919-571-4814, Fax: 919-571-4967
<http://www.deh.enr.state.nc.us/phpm/index.htm>